

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

449

State File No.

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Cape Girardeau</u>		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>18 South Benton Street</u>				d. STREET ADDRESS (If rural, give location) <u>18 South Benton Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Dorothy</u>		a. (First) <u>A.</u>		b. (Middle) <u>McCullough</u>		c. (Last)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 12, 1888</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bessville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George L. Welker</u>		13b. MOTHER'S MAIDEN NAME <u>Raechel K. Yount</u>		14. NAME OF HUSBAND OR WIFE <u>Jess W. McCullough</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martin Palmer</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma sigmoid colon</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>2 years</u> <u>153X</u>	
19a. DATE OF OPERATION <u>June 14, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma sigmoid</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Cape Girardeau</u>		(COUNTY) <u>Cape Girardeau</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1949</u> to <u>Jan 7, 1950</u>, that I last saw the deceased alive on <u>Jan 7, 1950</u> and that death occurred at <u>9:30P m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward D Campbell</u>		(Degree or title)		23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>1-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Primier Cemetery</u>		24d. LOCATION (City, town, or county) <u>Cape Girardeau, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-9-1951</u>		REGISTRAR'S SIGNATURE <u>C. L. ...</u>		44		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard B. ...</u>	
						ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. 0

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Howard R. Haman

Signed.....
Student Embalmer

Licensed Embalmer No. *4122*

P. O. Address. *Cape Girardeau, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.